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CLERK, US DISTRICT COURT
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UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Ryan Brooks Sr.

Plaintiff(s),

(Enter the full name(s) of ALL plaintiff(s)
and prisoner number(s) in this action.)

vs.

Mend Correctional Care -
Michelle SKroch BSN CCHP - Nursing Director
FNP Gwen Blossom - Medical Provider

Case No. 16cv267 MJD/JSM
(To be assigned by Clerk of District Court)

DEMAND FOR JURY TRIAL

YES ☒ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in
this action. Please attach additional sheets
if necessary).

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER
42 U.S.C. § 1983

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved

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U.S. DISTRICT COURT MPLS

in this action or otherwise relating to your imprisonment in the last three years?

☐ Yes

☒ No

B. If you answer to (a) is "yes", describe each lawsuit in the space below.

1. Parties to the previous lawsuit:

Plaintiffs:

Defendants:

2. Court (If federal court, name the district. If state court, name the state and county.):

3. Case Number:

4. Name of judge assigned to the case:

5. Cause of action (Cite the statute under which you filed and write a brief statement of the case):

6. Disposition or final determination of the case (for example, dismissed or appealed).

7. Approximate date of filing the lawsuit:

8. Approximate date of disposition or final determination of the lawsuit:

Attach a copy of the disposition or final determination of the lawsuit if it was filed in a court other than the U.S. District Court for the District of Minnesota.

If there was more than one lawsuit, describe the additional lawsuits on a separate sheet of paper answering the same questions in the same order as above in Question 1(b). Label this information as Question 1(b).

Check here if additional sheets of paper are attached. ☐

II. PRESENT PLACE OF CONFINEMENT

A. Is there a prisoner grievance procedure in the institution?

☒ Yes

☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?

☒ Yes

☐ No

C. If you answered "yes" to question II.B.:

1. What steps did you take: I wrote numerous grievances of my condition and condition was being held in without medical attention.

2. What was the result? No response for 3 1/2 months until Jan. 6, 2016. Received response to my last grievance. The next day was put in (hdc, max, seg.) on watch status as punishment.

Attach a copy of the decision or disposition received from the prisoner grievance procedure.

D. If you answered "no" to question II.B., explain why you did not present the facts relating to your complaint in a prisoner grievance procedure.

III. PARTIES

List your name, prisoner number, address and telephone number. Do the same for any additional plaintiffs. Attach an additional sheet of paper, if necessary.

A. Name of Plaintiff: Ryan Brooks Sr.

Prisoner Number 8999

Address Sherburne County Jail
13880 Business Center Dr. NW
Elk River, MN 55330

Additional Plaintiffs:

Provide each defendant's full name, official position, and place of employment. Attach additional sheets of paper, if necessary.

B. Name: Michelle Skroch

Official Position: Nursing Director

Employer's Address: Sherburne County Jail
13880 Business Center Dr. N.W.
Elk River, MN 55330
Mend Correctional Care.

Additional Defendants: Gwen Blossom
Medical Provider

Sherburne County Jail
13880 Business Center Dr. N.W.
Elk River, MN 55330
Mend Correctional Care

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper as II.A. for Plaintiffs and II.B. for Defendants.

IV. STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. Describe how each individual defendant is personally involved, including dates, places and specific wrongful acts or omissions by each defendant. Each factual allegation should be provided in separately lettered paragraphs, beginning with letter A. Do not make any legal arguments or cite any cases or statutes.

In September.

A. I was experiencing Severe Symptoms from my disease and unknown pain. I send numerous med-calls then Grievances that went unresponded to for Months.

The provider & Med-staff knew of my condition but refused to get me medical attention. I was finally brought to Gastroenterology Clinic in Coon Rapids in October, to schedule a colonoscopy/endoscopy procedures, because my inflammation was so severe. Was returned to Sherburne County then had to go without medication still. Was experiencing new symptoms in my abdomen pain along with bloody stools & vomit. Informed Clinic numerous times but refused to take me to the hospital. On Jan. 11, 2016 I was brought to my procedure and informed but insisted on taking drugs for unknown pain. 6

I now have ~~Colitis~~ ^{Gastritis} a disease in my stomach along with my severe ulcerative colitis, due to my symptoms not being treated, as stated in their report. The staff here allowed me to worsen, completely ignored me, my grievances, and left me in pain to now suffer from these new symptoms I will now suffer from the rest of my life.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to letter the paragraphs consecutively.

V. REQUEST FOR RELIEF

State briefly exactly what you want the Court to do for you. Do not make any legal arguments or cite any cases or statutes.

I would like to be compensated for my pain and suffering and deterioration of my disease during this period of time that will now ail me for the rest of my life. My estimated amount is \$2 million.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge, and belief.

Signed this 19th day of January, 2016

Signature(s) of Plaintiff(s)



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.